

1. PLACE OF BIRTH

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. ....

Registered No. ....

253

County GrahamState ARIZONA

Township .....

or Village .....

City Glenbar

No. ....

St. Pima

Ward .....

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Jess Carter

{ If child is not yet named, make supplemental report, as directed

3. Sex  
MaleIf plural  
births

4. Twin, triplets, or other.....

6. Premature or  
Full term yes7. Is mother  
married? yes8. Date of  
birth July 15th, 1894, 19.....  
(Month, day, year)9. Full  
name William Aaron Carter Sr.

FATHER

10. Residence (usual place of abode)  
(If non-resident, give place and State) Glenbar, Ariz.11. Color or race White 12. Age at last birthday 45 (Years)13. Birthplace (city or place) Kainsville  
(State or Country) Iowa14. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc. Carpenter15. Industry or business in which  
work was done, as silk mill,  
sawmill, bank, etc. Builder16. Date (month and year) last  
engaged in this work ..... 19.....  
17. Total time (years) Lifetime  
spent in this work.....18. Full  
maiden  
name Marie Louisa Boyle

MOTHER

19. Residence (usual place of abode)  
(If non-resident, give place and State) Glenbar Ariz.20. Color or race White 21. Age at last birthday 40 (Years)22. Birthplace (city or place) San Bernadino, Calif.  
(State or Country)23. Trade, profession, or particular kind  
of work done, as housekeeper,  
typist, nurse, clerk, etc. Housekeeper24. Industry or business in which  
work was done, as own home,  
lawyer's office, silk mill, etc. Home25. Date (month and year)  
last engaged in this work ..... 19.....  
26. Total time (years) Lifetime  
spent in this work.....27. Number of children of this mother  
(At time of this birth and including this child) (a) Born alive and now living 8 (b) Born alive but now dead 1 (c) Stillborn.....28. If stillborn,  
period of gestation ..... { months  
or weeks

29. Cause of stillbirth .....

{ During labor .....

{ Before labor .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at San Carlos Hotel on the date above stated  
(Born alive or stillborn){ When there was no attending physician  
or midwife, then the father, householder,  
etc., should make this return.Given name added from  
a supplemental report .....

(Date of) .....

(Signed) Mrs. Sarah Carter Bryce

M. D.

or San Carlos Hotel

Midwife

Address San Carlos Hotel

Arizona

Filed Sept 16, 1936

1936

Registrar. Subscribed and sworn to before me this 14th day of Sept. 14, 1936

Registrar.

20M 1-8-36 Form No. 2 MS-100 Rag

Sept. 14, 1936

My commission expires Feb. 21, 1940